

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

**INTERNATIONAL BROTHERHOOD OF BOILERMAKERS, IN SP BLDERS, BKMTHS, FRGRS &
HLPRS-UEG ED FUND**

ADDRESS (number and street)

753 STATE AVENUE SUITE 565☐(Check if address
is changed)**KANSAS CITY****KS****66101**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

9132818102

2. DATE

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	5		2	0	0	5

3. FEC IDENTIFICATION NUMBER

C C00005157

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

William Creeden

Signature of Treasurer

Electronically Filed by **William Creeden**

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	6

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☒ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

INTERNATIONAL BROTHERHOOD OF BOILERMAKERS, IN SP BLDRS, BKMTHS, FRGRS & HLPRS-LEG ED..FUND

Mailing Address

753 STATE AVENUE SUITE 565

KANSAS CITY

KS

66101

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

- ☐ Corporation ☐ Corporation w/o Capital Stock ☒ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

**INTERNATIONAL BROTHERHOOD OF BOILERMAKERS, IN SP BLDRS, BKMTHS, FRGRS & HLPRS-LEG
ED..FU**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **William Creeden**

Mailing Address **753 State Avenue**

Suite 570

Kansas City **KS** **66101** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Int'l Sec-Treas. **913** **371** **2640**

Telephone number - -

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **William Creeden**

Mailing Address **753 State Avenue**

Suite 570

Kansas City **KS** **66101** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Int'l Sec-Treas. **913** **371** **2640**

Telephone number - -

Full Name of Designated Agent

Mailing Address

CITY ▲ **STATE ▲** **ZIP CODE ▲**

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE